

State of Tennessee Group Dental Preferred Provider Organization (DPPO) Insurance Program

Eligibility Criteria	
Eligibility Status	STATE
Employee and Retiree	<ul style="list-style-type: none"> • <i>Employee</i> – An individual who is: 1) regularly scheduled to work not less than thirty (30) hours per week; 2) hired prior to July 1, 2015 who has received a seasonal appointment and who meets the requirements set forth in TCA 8-27-204(a)(3); or 3) deemed eligible by applicable federal law, state law, or action of the State Insurance Committee. • <i>Retiree</i> – An individual who: 1) has left active employment as a State Employee; and 2) receives a monthly benefit from the Tennessee Consolidated Retirement System (TCRS) or is a member of one of the Higher Education Optional Retirement Plan(s) (ORP). <p>LOCAL EDUCATION</p> <ul style="list-style-type: none"> • <i>Employee of participating agency</i> - 1) A teacher as defined in Tennessee Code Annotated, Section 8-34-101-(46); 2) An interim teacher whose salary is based on the local school system's schedule; 3) An Employee not defined above who is regularly scheduled to work at least 30 hours per week in a non-seasonal, non-temporary position; 4) A non-certified employee who has completed 12 months of employment with a local education agency that participates in the local education insurance plan and works a minimum of 25 hours per week [a resolution passed by the school system's governing body authorizing the expanded 25 hour rule for the local education agency must be sent to Benefits Administration before enrollment]; or 5) Any other individual deemed eligible by applicable federal law, state law, or action of the Local Education Insurance Committee. • <i>Retiree</i> – An individual who: 1) has retired from the employer; and 2) receives a monthly benefit from the Tennessee Consolidated Retirement System (TCRS). <p>LOCAL GOVERNMENT</p> <ul style="list-style-type: none"> • <i>Employee of participating agency</i> - An individual who: 1) is scheduled to work at least 30 hours per week in a non-seasonal, non-temporary position; 2) is a member of the chief legislative body of the county or municipal government (defined as only those elected officials who have the authority to pass local legislation); or 3) a utility board member appointed or elected pursuant to TCA 7-82-307, but only during their term of service. • <i>Employee who is a county official</i> - as defined in TCA 8-34-101, regardless of whether the county participates in the local government plan, pursuant to TCA 8-27-704(a). • <i>Any other individual</i> - as deemed eligible by applicable federal law, state law, or action of the Local Government Insurance Committee. • <i>Retiree</i> – An individual who: 1) has retired from the employer; and 2) receives a monthly benefit from the Tennessee Consolidated Retirement System (TCRS). <p>STATE, LOCAL EDUCATION, LOCAL GOVERNMENT</p> <p>A person cannot enroll as an Employee or Retiree and as a Dependent under the same group plan (State, Local Education, or Local Government).</p>
Dependent	<p><i>Dependent</i> – An individual who meets the following eligibility criteria based upon an employee or retiree's eligibility.</p> <ol style="list-style-type: none"> 1. legally married spouse;

<p>Special Enrollment Provisions</p>	<ol style="list-style-type: none"> 2. child from birth to the last day of the month in which such child turns age 26; or 3. child at least 26 years of age: who is primarily dependent upon the Subscriber for support and maintenance because the child is incapable of self-sustaining employment by reason of mental incapacity or physical handicap; who was so incapacitated and was a Member under the dental insurance program on his or her 26th birthday; and who has been continuously so incapacitated since his or her 26th birthday. <p>Child includes natural child, stepchild, legally adopted child, child legally placed in the Subscriber's home for adoption and child under the Subscriber's legal guardianship. If both mother and father are covered under the Dental Insurance Program, their children will be covered as dependents of the mother or father, but not both.</p> <p><i>Survivor</i> - Upon the employee or retiree's death, surviving dependents covered under this dental plan on the date of an employee or retiree's death may continue their enrollment in this dental plan with one of the two options listed below.</p> <ul style="list-style-type: none"> • Deceased employee or retiree was eligible for continuation of coverage as a retiree at time of death - dependents may elect COBRA or RETIREE continuation of dental elections in effect for them on the date of employee or retiree's death; or • Deceased employee or retiree was not eligible for continuation of coverage as a retiree at time of death - dependents may elect COBRA continuation for dental elections in effect for them on the date of employee or retiree's death. <p>Special Enrollment Provisions</p> <p>An employee experiencing one of the events below may enroll in employee only or family coverage. Previously eligible dependents (those who were not enrolled when initially eligible and are otherwise still eligible) may also be enrolled.</p> <ul style="list-style-type: none"> • A new dependent spouse is acquired through marriage • A new dependent newborn is acquired through birth • A new dependent is acquired through adoption or legal custody <p>The above events are only subject to special enrollment if the employee wants to use the event to enroll or add other previously eligible dependents at the same time as the new dependent. If the employee already has coverage and only wants to add a newly acquired dependent, this is treated as a regular enrollment change.</p> <p>Options for coverage start dates due to the events above are:</p> <ul style="list-style-type: none"> • Day on which the event occurred if enrollment is due to birth, adoption or placement for adoption • Day on which the event occurred or the first day of the next month if enrollment is due to marriage <p>Other events allow enrollment if the event results in a loss of dental coverage under another group plan:</p> <ul style="list-style-type: none"> • Death of a spouse or ex-spouse • Divorce • Legal separation • Loss of eligibility (does not include loss due to failure to pay premiums or termination of coverage for cause) • Termination of spouse's or ex-spouse's employment • Employer ends total premium support to the spouse's, ex-spouse's or dependent's insurance coverage (not partial) • Spouse's or ex-spouse's work hours reduced • Spouse maintaining coverage where lifetime maximum has been met • Loss of TennCare (does not include loss due to non-payment of premiums) <p>Participation Requirements</p> <p>An agency must be participating in the State of Tennessee Sponsored Group Health Plan in order to qualify for participation in the State of Tennessee Voluntary Dental Preferred Provider Organization (DPPO) Insurance Program. Employee, Retiree, and/or Dependent participation in the State Sponsored Group Health Plan is not required to participate in the State Group Dental Preferred Provider Organization Insurance Program. Employee or Retiree participation in the State DPPO Program is required for participation of eligible Dependents, except Dependents of</p>
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<i>Transfer from Prior Contract</i>	<p>Retirees may continue enrollment in the State DPPO Program after the Retiree is no longer eligible for the State DPPO Program due to reaching the age for Medicare. Participation by those enrolled in the State DPPO Program is on a calendar year basis, and enrollment may only be dropped during the Annual Enrollment Period for the beginning of the next calendar year or due to a special qualifying enrollment event.</p> <p>Members enrolled under the prior Dental Preferred Provider Organization (DPPO) contract with the State as of December 31, 2020 shall be automatically enrolled under the new DPPO contract with the State, if premium payments are current and the Member did not make a change during the State's annual enrollment period, effective January 1, 2021, with no break in coverage. Waiting periods, benefit frequencies and other limitations under this DPPO contract shall incorporate Member's experience under the prior DPPO contract.</p>
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